

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 13 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039129

1. Entity Name

Pharmakin, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1408 N.W. 82 Ave

3. Mailing Address

1408 N.W. 82 Ave

Suite, Apt. #, etc.

C. 589

Suite, Apt. #, etc.

C. 589

DO NOT WRITE IN THIS SPACE

04-09-02 90735 006 \$150.00

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1105959

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pedro Behrens

Street Address (P.O. Box Number is Not Acceptable)

1408 N.W. 82 Avenue

C. 589

City

Miami

FL

Zip Code

33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
German L. Solis Espinosa
7951 S.W. 40th Street, #206
Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
German Solis Marquez
7951 SW 40th St, #206
Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Alvaro Solis Espinosa
7951 S.W. 40th Street, #206
Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

[Signature]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/02

Date

305-261-6251

Daytime Phone #

CR2E034B (12/01)